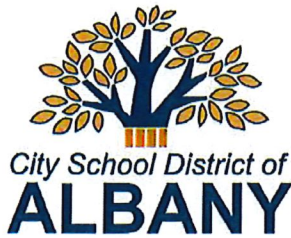


## **EXHIBIT B**



## CITY SCHOOL DISTRICT of ALBANY

Office of Instruction

1 Academy Park • Albany, New York 12207  
(518) 475-6012 • Fax: (518) 475-6014

### BOARD of EDUCATION

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Lori A. McKenna, *Assistant Superintendent for Secondary Instruction*

September 24, 2019

Ms. [REDACTED] and Mr. [REDACTED]  
[REDACTED]  
[REDACTED], New York [REDACTED]

Re: Request for Medical Exemption to Immunization Requirements: [REDACTED]

Dear [REDACTED] and [REDACTED]

The District is in receipt of your request for a medically-based exemption to the immunization requirements of N.Y. Public Health Law § 2164. The medical condition put forth as the justification for the exemption of [REDACTED] was listed as Genetic Mutation of the MTHFR gene. The District's medical director reviewed this exemption request, conferred with the NYS Department of Health's Bureau of Immunizations, and read the DOH guidelines for determining medical exemptions.

At this time, the District is denying your request for a medical exemption to the immunization requirements under N.Y. Public Health Law § 2164. There is no current epidemiological evidence to suggest individuals with MTHFR mutations are at increased risk of adverse events from commonly used vaccines. The Centers for Disease Control and Prevention guidelines for contraindications and precautions do not list this gene mutation as a contraindication or precaution to receiving vaccines. The MTHFR gene variant is found in about 1 in 4 persons who are Hispanic and 1 in 10 persons who are Caucasian, and it does not compromise the immune system for children receiving vaccines. Therefore, your medical exemption request does not identify a medical contraindication to a specific immunization. 10 NYCRR 66-1.3(c).

If your child has documented medical treatment needs from prior vaccinations, then the District is willing to review these based upon date of occurrence, degree of effect, treatment, outcome and subsequent medical testing performed. If the established past medical record provides evidence of significant adverse reactions to vaccination, then the District will reconsider the negative approval determination made herein for its appropriateness.

Your child must receive all first doses due in each immunization series within 14 days from the first day of school. In order to continue attendance, you must provide proof of appointments for all follow-up doses needed within 30 days from the first date of attendance. N.Y. Public Health Law § 2164(7).

Please be advised that we must report your failure to vaccinate your child and their subsequent exclusion from school to the local health authority. If you require assistance, we can facilitate you working with the local

#### VISION STATEMENT

*The City School District of Albany will be a district of excellence with caring relationships and engaging learning experiences that provide equitable opportunities for all students to reach their potential.*

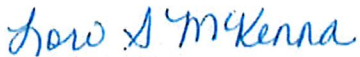
#### MISSION STATEMENT

*We will work in partnership with our diverse community to engage every learner in a robust educational program designed to provide the knowledge and skills necessary for success.*

health authority to arrange a time and place at which the vaccines will be administered to your child. We are happy to explain that process to you if you would like.

Pursuant to Education Law § 310, you may appeal this denial to the Commissioner of Education within thirty (30) days of this decision.

Sincerely,



Lori A. McKenna

Assistant Superintendent for Secondary Instruction

CC: Michael Paolino, Principal  
Suzanne McCarthy, Nurse Manager  
Dr. Laura Staff, Medical Director for CSDA